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The role of the United Nations system in implementing the ministerial declaration of the high-level segment of the 2009 substantive session of the Economic and Social Council

Theme of the coordination segment: implementing the internationally agreed development goals and commitments in regard to global public health

Report of the Secretary-General**

Summary

The 2010 coordination segment will focus on the role of the United Nations system in promoting the implementation of the ministerial declaration adopted by the Economic and Social Council in 2009. The present report provides an overview of United Nations system efforts to further global public health and development against the backdrop of current challenges. In particular, it provides an overview of the work of the United Nations system; assesses its efforts to implement the 2009 ministerial declaration in a coordinated manner; analyses country-level efforts; and makes recommendations.

* E/2010/100.
** The report is submitted late in order to reflect on the work of the whole system.

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I. Introduction

1. In its resolution 2008/29, the Economic and Social Council decided that its coordination segment should be devoted to the review of the implementation of the ministerial declaration adopted at the previous year's annual ministerial review. The coordination segment in 2010 therefore focuses on "Implementing the internationally agreed development goals and commitments in regard to global public health" and reviews the role of the United Nations system in that regard.

2. The 2009 ministerial declaration recognized that health and poverty are interlinked and that achieving the health-related goals was central to sustainable development. It reiterated that each country had primary responsibility for its own economic and social development, and that the importance of national policies and domestic resources could not be overemphasized. Through concerted action and Member State endorsement, the declaration has promoted consensus on a wide range of health issues.

3. The declaration has promoted collaborative actions through policy guidance at various levels, in particular: (a) developing a comprehensive and integrated approach to achieving the internationally agreed goals and commitments, including the Millennium Development Goals; (b) strengthening health systems through primary health care to advance the goal of universal access to health services; (c) promoting health as an outcome of all sectoral policies; (d) promoting greater policy coherence in international assistance; (e) strengthening and building innovative partnerships among relevant actors, and (f) sustaining and enhancing financing for health and development, despite the recent economic downturn.

4. The segment and the report submitted to it will provide a useful contribution to the MDG Review Summit, to be held in September 2010, on the health dimension of the Millennium Development Goals review. The report provides an overview of the work of the United Nations system in regard to health and development, an assessment of United Nations system efforts to implement the 2009 ministerial declaration in a coordinated manner, analysis of United Nations country-level experiences, and recommendations.

II. Overview of the current work of the United Nations system in regard to health and development

5. With only five years remaining to 2015, there are signs of progress towards the achievement of the health-related Millennium Development Goals in many countries. In others, progress has been limited because of conflict, poor governance, economic or humanitarian crises, and lack of resources. The effect of the global food, energy, financial and economic crises on health is still unfolding, but action is needed to protect health spending by Governments and donors alike.

6. The Millennium Development Goals have been a powerful force in the fight to reduce poverty and inequity and promote human development. They have helped to sustain a focus on development at a time of many competing international interests and have placed better health in the centre of the development agenda. They also represent a partnership between all countries, rather than just goals for the developing world, and thereby have achieved a widespread sense of ownership.

7. The focus on specific goals has spurred innovation — not just in terms of medicines and vaccines — but also in ways of doing business and raising resources. In addition, they have stimulated the creation of partnerships and collaborative ways of working that have achieved impressive results — notably in the field of immunization, and the fight against AIDS, tuberculosis (TB) and malaria. The challenge is to sustain progress especially where it is most fragile.

8. The focus on quantitative, time-bound goals has been a stimulus to measure results and assess performance. It has also revealed that progress is mixed, between regions and Millennium Development Goals. There are well-performing countries in regions making slow progress, and vice versa. These results require a more in-depth review of the factors that promote success and a better understanding of the real nature of constraints. They also highlight the fact that data to assess achievements, and the lack of investment in the systems at the country level needed to produce such data, remain as significant problems.

9. In its report to the World Health Assembly in 2010, the World Health Organization (WHO) analysed several trends linked to the health-related Millennium Development Goals (see A/63/7). They reveal clear priorities, with the need to reduce maternal and newborn deaths emerging as the most urgent and obvious one. Millennium Development Goal 5 is unlikely to be reached in most low-income countries, particularly in view of the underlying prevalence of HIV in countries with high maternal and child mortality. In a joint report published in 2009, the United Nations Population Fund (UNFPA) and the Guttmacher Institute have shown that simultaneous investments to address the need for family planning and maternal and newborn health in developing countries is cost-effective and can prevent 70 per cent of maternal deaths and 44 per cent of newborn deaths each year.

Importance of multisectoral action for health and United Nations action

10. Better public health requires coherent policies and comprehensive approaches that address the social, environmental and economic determinants of ill-health. A good health system — based on primary health care — not only delivers high-quality health services, but also fosters a multisectoral approach. A wide range of policies — those that influence how and where people live, work, travel and relax; what they eat and drink; access to clean water and safe sanitation; how and whether they can access goods and services; and how different communities, groups and genders relate to each other and to the State — all influence the achievement of the Millennium Development Goals health targets. Coherence in policy across donor Governments, in terms of positions on trade, migration, development, defence and the environment, are equally important.

11. The right to health is recognized as a fundamental human right and underpins United Nations system work. The articulation of human rights is fundamental in helping to define a number of action areas for the health-related Millennium Development Goals and responses to the impact of the multiple crises on health. The promotion and protection of such rights are enshrined in the Universal Declaration of Human Rights and the nine core international human rights treaties.

12. Reducing gender inequalities and supporting the empowerment of women are critical aspects of ensuring that these rights are upheld. The intersections among the empowerment of women, violence against women, sexual and reproductive health and HIV/AIDS are indisputable.

13. The interlinkages between health and economics have been highlighted by the Commission on Social Determinants of Health as well as a number of United Nations system agencies and bodies, including the regional commissions. Studies by WHO in 42 countries have shown that more than 150 million individuals in 44 million households face financial catastrophe as a direct result of having to pay for health care each year and are kept or pushed into poverty as a consequence of these so-called catastrophic health expenditures. Improved health is not just a consequence of economic growth but also a crucial weapon against poverty.

14. The relationship between health, poverty and hunger is highlighted by the non-communicable diseases epidemic that is growing faster in poor countries. Globally, a pattern emerges of poor populations in low-income countries burdened by non-communicable diseases, lacking access to public services, paying out of pocket in the private sector, and consequently becoming impoverished by the cost of care. Furthermore, the non-communicable diseases epidemic threatens to overwhelm national health systems and to slow economic growth. As a leading cause of premature deaths, non-communicable diseases reduce incentives for savings and social capital. The socio-economic cost of non-communicable diseases and injuries is rising rapidly.

15. The response to HIV/AIDS has demonstrated the value of intersectoral action. The Joint United Nations Programme on HIV/AIDS (UNAIDS) family[1] has taken forward work to promote universal access to HIV prevention and treatment, care and support so as to ensure the continued reduction of the HIV pandemic. For example, the International Maritime Organization has carried out studies to assess the impact of HIV/AIDS on ports in Eastern Africa with the aim of providing port workers with skills to prevent the spread of HIV/AIDS and related stigma and discrimination in the workplace.

16. The continued presence of humanitarian crises and conflict in the world presents particular challenges for United Nations system agencies. In the past year, natural disasters affected an estimated 118 million people, caused over 220,000 deaths, and displaced millions. Within the Inter-Agency Standing Committee system of the humanitarian community, WHO leads the Health Cluster, with UNICEF leading on the Nutrition Cluster. Specific long-standing conflicts have added to the burden. For example, the United Nations Relief and Works Agency for Palestine Refugees in the Near East has been the main comprehensive primary health-care provider for Palestine refugees for the past 60 years and represents the most accurate source of information on their health status. The focus of the Agency has shifted over the years from emergency aid delivery to human development.

17. The need to improve health for migrant populations is often left unaddressed. Conditions surrounding the migration process can increase vulnerability to ill health, including marginalization, stigma, violence and exploitation. WHO and the International Organization for Migration (IOM) have undertaken considerable

[1] UNAIDS brings together 10 co-sponsors: the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the World Food Programme (WFP), WHO and the World Bank, and the Secretariat.

efforts to foster inter-country consensus, harmonized health protocols and multisectoral dialogue to sensitize decision makers.

18. In furthering linkages between health and education, UNESCO supported the development of comprehensive approaches in education, which include synergies with school health, feeding and nutrition activities. The Education for All Working Group (December 2009) and the Education for All High-Level Group (February 2010) stressed that inclusive, holistic education strategies must be integrated into broader multisectoral frameworks and policies for addressing social inclusion.

Impact of the multiple crises on health efforts and joint United Nations responses

19. The past two years have seen a dramatic sequence of global crises, that have and will continue to affect our efforts to improve global health: pandemics such as influenza A (H1N1); food insecurity; climate change; conflict; and, most recently, the economic crisis. The interplay between these dynamics is testimony to the increasing complexity and interconnectedness of the global threats we face and points to the need for solutions that cross sectoral and national boundaries and engage a wide range of stakeholders. These crises further impact on health outcomes and highlight gaps in health equity. The United Nations system has jointly adapted its responses in both the health and non-health sectors.

20. In the context of the economic crisis, it is clear that as Government budgets are squeezed, financing for a variety of health programmes is imperilled. Yet it is precisely at times of economic hardship that the socio-cultural determinants of health, such as poverty and gender inequality, are intensified. Therefore, much more needs to be done to make the money work more efficiently, particularly for women and girls.

21. Key measures observed during the current financial and economic crisis include cuts in budgets available for social health protection coverage as part of general cuts in public spending, resulting in constrained access to necessary health services for workers and their families. These trends are aggravated by increased unemployment and reduced possibilities for workers to generate income. Since 2008, employment in health services has registered an overall increase of 2.3 per cent, according to a WHO survey. However, in some countries, health services have terminated the contracts of temporary or non-union health workers and frozen current staffing levels, leaving vacancies unfilled.

22. Against that background, global health initiatives aiming at coordinating both international agencies and donors on the topic of social protection, such as the Providing for Health Initiative, which comprises ILO, WHO, the World Bank, bilateral partners and others, have emerged to address such issues. It aims to coordinate technical cooperation, capacity development and advice on social health protection in numerous countries with a view to generating sustainable financing at the national level. Social health protection has been implemented in many developing countries. However, health financing schemes are known to suffer from a number of problems that will invariably affect their sustainability.

23. Similarly, the Social Protection Floor Initiative of the United Nations System Chief Executives Board for Coordination (CEB), led by ILO and WHO, has proved to be of key importance to cushion the impact of the crisis. At its core is the building of a coalition of international agencies and donors, supporting countries in

their efforts to plan and implement sustainable social transfer schemes and essential social services on the basis of the concept of a Social Protection Floor. Efforts also include reducing vulnerability to HIV/AIDS and mitigating its impact.

24. In December 2009, UNAIDS and the World Bank prepared a report entitled "Impact of the global financial and economic crisis on the AIDS response", which highlights the broader predicaments facing the health sector. In 2008, an estimated US$ 15.6 billion from all sources was invested in the HIV response in low- and middle-income countries. This falls short of the estimated $25.1 billion necessary to achieve universal access. At the country level, there has been increased vulnerability of households affected by HIV and strongly reduced capacity of low- and middle-income countries to sustain their component of the HIV response.

25. The health effects of climate change, as well as environmental factors, are being monitored. According to WHO, high temperatures raise the levels of ozone and other pollutants in the air that exacerbate cardiovascular and respiratory disease. Urban air pollution causes about 1.2 million deaths every year. WHO also reports that more than 1.7 million annual deaths (18 per cent of all deaths) are attributable to environmental factors in the European region.

26. WHO and UNEP have led efforts to document outdoor and indoor air pollution as an important determinant of health, increasing mortality from cardiovascular and respiratory diseases and reducing life expectancy. In the past two decades, significant progress has been achieved in reducing the emissions of some air pollutants, such as sulphur, nitrogen oxides and lead, in a number of countries. This is attributed mainly to improvements to industrial and energy production processes and increased energy efficiency and fuel quality. The average exposure by country varies by a factor of three.

27. The effect of the various crises has had an impact on a less documented population, migrants. IOM, working with WHO, UNDP, ILO, UNESCO and UNAIDS, has alerted decision makers to the vulnerability of migrants to diseases. Progress is hampered by the difficulties migrants encounter in accessing health services equitably, the burden of human suffering and lost opportunities, and public health costs absorbed by their community of origin when they return home ill and by the countries that host them while abroad.

28. Falling incomes owing to the economic crisis, in combination with persisting high food prices, have been devastating for the world's most vulnerable populations. In 2009, the number of hungry people in the world has, for the first time in human history, passed 1 billion. That means that one in nearly six people does not get enough food to be healthy and lead an active life. The Rome-based agencies continue to urge that more attention be paid to the fundamental connection between disease, poverty and access to local quality food.

29. In addressing the food crisis, WFP has focused its work on supporting nutritional interventions in relation to Millennium Development Goal 1 inclusive of emergency operations, protracted relief and recovery, and development operations. Changes are being made to the WFP food basket in order to better meet the nutritional needs of different target groups. Preventive interventions in areas of high chronic food insecurity targeting pregnant and lactating women and young children during the lean season are designed to complement more traditional treatment for malnutrition. In that context, building local capacity related to the production of

specific nutritious commodities forms another key element of the work of the WFP. Better meeting the nutritional needs of vulnerable groups also supports the achievement of other Millennium Development Goals, notably those aimed at reducing child and maternal mortality.

III. Assessment of United Nations system efforts to implement the ministerial declaration in a coordinated manner

30. The United Nations has recognized the need for coherent policies and the need to address the social and economic determinants of health. Many of these themes have been further elaborated in the ministerial declaration and in General Assembly resolution 64/108 on global health and foreign policy. Similarly, concerted action was called for in advancing global road safety (resolution 64/255) and malaria (resolution 64/79).

31. Significant work has been undertaken to further strengthen coordination between and beyond the United Nations system agencies addressing the health-related Millennium Development Goals (UNAIDS, UNFPA, UNICEF, ILO, WHO). Numerous global health initiatives have been established that focus on the principles contained in the Paris Declaration on Aid Effectiveness. The most notable initiatives include the Global Campaign for the Health Millennium Development Goals, the H4[2] and initiatives such as the International Health Partnership and the Harmonization for Health in Africa. It also includes partnerships focused on Millennium Development Goals 4 and 5, such as the Partnership for Maternal, Newborn and Child Health and the associated campaign "Deliver Now for Women and Children". Other critical partnerships include the Social Protection Floor Initiative and the United Nations Inter-agency Task Force on Adolescent Girls.

32. The ministerial declaration calls upon all States to renew their commitment to prevent and eliminate child and maternal mortality and morbidity, and for strengthening health systems as a key component of an integrated approach to achieving rapid and substantial reduction in maternal morbidity and mortality. The Secretary-General has called for the development of a joint action plan for accelerating progress on maternal and newborn health. This is supported by WHO, UNFPA, UNICEF and World Bank collaborations on maternal and child health at the international and country levels.

33. A series of actions to further strengthen international cooperation in the area of health, through the exchange of best practices have been identified and implemented. Primary health care serves as an integrating mechanism linking universal coverage, person-centred care, and the strengthening of health systems in support of disease-focused programmes. The UNAIDS family has initiated work with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plans for AIDS and other partners to maximize the synergies between HIV responses and efforts to strengthen national health systems, and develop a better integrated health package that contributes to Millennium Development Goals 4, 5 and 6.

[2] The joint United Nations initiative to improve maternal and newborn health (H4) was signed by the heads of the four agencies (UNICEF, UNFPA, WHO and the World Bank) in 2008 to accelerate country support for improving maternal and newborn health (MNH) and to contribute to the achievement of Millennium Development Goals 4 and 5.

34. The International Health Partnership was launched in September 2007 by Governments of developing countries, donors, multilateral organizations (UNAIDS, UNFPA, UNICEF and WHO) the international financial institutions and civil society organizations, led by WHO and the World Bank. By jointly supporting national health planning processes, technically and financially, and by assessing national plans, International Health Partnership partners target their efforts behind one comprehensive national health plan that focuses on health systems strengthening. The Partnership has been successful in increasing country-level harmonization and alignment in the health sector, in line with the Paris Declaration and the Accra Agenda for Action.

35. To date, 21 developing countries are participating in the International Health Partnership, among which 7 are developing Partnership compacts in 2010 and 4 have signed their country compacts. In addition, of the 157 countries with recorded national health plans and strategies, a third are developing or revising their plans in 2010. This provides an important opportunity for increasing coherence and alignment, and for enhanced linkages with the common country assessments and United Nations development assistance frameworks, decent work country programmes and WHO plans.

36. WHO has been working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and the World Bank to develop a common platform for health systems funding, in line with the recommendations of the High-Level Task Force on Innovative International Financing for Health Systems. A new mechanism, to be tested in 2010, will seek to reduce transaction costs and streamline funding for national health strategies and plans. The provision of long-term predictable finance is a key aspect of scaling up health services to reach the Millennium Development Goals because the bulk of health costs are recurrent and many interventions require sustained, multi-year support if they are to be successful.

Initiatives of the United Nations system to align their policies, programmes and activities across the sectors identified by the ministerial declaration

37. Among health issues, HIV/AIDS and maternal health continue to be major global priorities. In the past year, the UNAIDS family has developed the *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*, designed to set specific and ambitious goals to achieve universal access to HIV prevention, treatment, care and support, with 10 priority areas for action. UNESCO and the United Nations Development Fund for Women (UNIFEM) have respectively established inter-agency processes to address school youth and to promote greater action on HIV/AIDS with regard to women and girls. The Food and Agriculture Organization of the United Nations (FAO) has partnered with WFP and others to develop an initiative for building the knowledge and self-esteem of orphans and children whose parents live with HIV/AIDS.

38. Similarly, the five-year Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV puts issues of women and girls at the centre of the AIDS response. This involves accelerating joint and inclusive country action to address the persistent inequality and human rights violations that put women and girls at greater risk of HIV, and empowering them to protect themselves from the infection and cope with the impact of the epidemic. UNESCO has led development of the UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS), that

provides support for the implementation of comprehensive national education sector responses to AIDS. EDUCAIDS is now operating in more than 50 countries.

39. The collaboration among United Nations system agencies has helped support countries to maximize synergies with broader health and social support systems. WHO and UNAIDS have been critical to enabling countries to secure funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as from the United States President's Emergency Plans for AIDS. UNDP has served as the principal recipient for Global Fund grants in 26 countries (as of December 2009), and in this capacity works with WHO, UNICEF, UNFPA, UNHCR and the UNAIDS secretariat to ensure that Governments and civil society partners have access to the necessary technical support and policy guidance for effective programme implementation.

40. WHO, the WHO-hosted Global Partnership to Stop Tuberculosis, the UNAIDS secretariat, and the Global Fund to Fight Aids, Tuberculosis and Malaria have worked closely with a number of partners to strengthen collaboration between the TB and HIV communities with commitments to halving TB deaths in people living with HIV by 2015, through increased political commitment, community mobilization, research investment and a strengthened rights-based approach to ensure universal access to integrated TB and HIV services.

41. In tackling the emergence of non-communicable diseases, WHO established a new network aimed at encouraging the involvement of all relevant stakeholders and existing regional and global initiatives. This network was established as a voluntary collaborative arrangement to provide support to low- and middle-income countries in implementing the global strategy. It further supports the implementation of the World Health Assembly-endorsed 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of non-communicable diseases, the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, and the evidence-based strategies and interventions to reduce the public health problems caused by the harmful use of alcohol.

42. In support of global health, the ILO Global Campaign on Social Security and Coverage for All, the ILO Social Security (Minimum Standards) Convention (No. 102) and the Decent Work Agenda, the Providing for Health Initiative, and the CEB Social Protection Floor Initiative (jointly led by ILO and WHO) are some examples of addressing coordinated action on social health protection.

43. Addressing the increased health risks from climate change, WHO and the United Nations actively contributed to the negotiation process of the United Nations Framework Convention on Climate Change in support of a clear reference to the impact of climate change on health in the new climate agreement. This work has been developed around three key messages: (a) besides environmental and economic damage, the ultimate impact of climate change represents a toll on our most precious resource — human lives and health; (b) significant co-benefits for population health and well-being can result from mitigation policies in sectors such as energy, transport and agriculture; and (c) the health sector will bear most of the burden resulting from the impacts of climate change on populations and it will play a critical role in relation to adaptation and resilience. Efforts underpinning the Framework Convention process included various presentations and participation in the Nairobi Work Programme on Impacts, Vulnerability and Adaptation to Climate Change, highlighting the health risks.

44. An informal coordination group of United Nations system agencies is dealing with social issues (WHO, ILO, UNICEF, UNIFEM) related to the overall climate change agenda. The United Nations Institute for Training and Research has led the development of United Nations Climate Change: Learn, a training programme on climate change-related aspects. The Inter-Agency Standing Committee aims to ensure dialogue and coordination of the humanitarian activities related to disasters and emergencies arising from climate change. More broadly, CEB highlighted the health implications of climate change and its possible security implications (see also A/64/350).

45. The Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health, adopted by the World Trade Organization Ministerial Conference in 2001, served as a landmark in the trend towards greater system-wide cooperation on intellectual property and public health, and a benchmark for the balanced use of flexibilities and policy options that are responsive to the broader public health policy agenda. Its implementation has allowed the mainstreaming of issues of access to medicines within the broader fields of trade rules and intellectual property. It has helped to catalyse international action, including action leading to the sole amendment to the entire package of Uruguay Round trade agreements, which introduced an additional TRIPS flexibility intended to enhance the access to medicines by countries with limited or no pharmaceutical manufacturing facilities.

Initiatives of the United Nations system to adopt new modalities and collaboration for action as promoted by the ministerial declaration

46. The Secretary-General has made explicit the need for Member States and the United Nations to work with civil society. To that end, he has brought together leaders of United Nations entities, representatives from key civil society organizations, chief executive officers, heads of major foundations and academicians to join forces for priority global health issues. He has underlined the need for common messages in advocacy and communications efforts, and has raised the political attention of key health issues.

47. One of the best examples of the potential power of partnerships is the response to AIDS, which saw groundbreaking involvement of a wide range of groups previously excluded from policymaking, in particular people directly affected by AIDS. Another example of the power of partnerships is that of malaria. The work of the Secretary-General's Special Envoy for Malaria, United Nations system agencies (WHO, UNICEF, FAO, World Bank), and the efforts of the Roll Back Malaria Partnership, bringing together a wide range of partners, have brought not only a formidable assembly of expertise, infrastructure and funds into the fight against the disease, but also, and most importantly, a new way of doing business. Similarly, the Secretary-General's Special Envoy to Stop Tuberculosis, in collaboration with WHO, UNAIDS and the Global Partnership to Stop Tuberculosis has been instrumental in raising TB higher on the political agenda, including through his participation in the Stop TB Partners' Forum, held in Brazil in March 2009 and the Ministerial Forum on Multidrug-Resistant Tuberculosis, held in Beijing in April 2009.

48. There are lessons to be learned from these partnerships. First, it is possible for very different groups to work together around a common cause, as complex and

daunting as it may seem. Secondly, with such partnerships, scaling up is possible. Thirdly, it is important to involve those directly affected by the issue in developing policies and planning action. Fourthly, partnerships are important at all levels — community, national, and international — to address the different challenges at each level. Global health partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID) and the GAVI Alliance have made major contributions to increasing the resources available and bringing new dynamics. The power of partnerships to mobilize different players to work together in new ways needs to be explored further.

49. The recent influenza A (H1N1) pandemic is a reminder that diseases know no borders, that pathogens can spread quickly, and that collective, global action is required to deal with them. The pandemic equally demonstrated the power of partnerships. WHO, working with Governments, the Senior United Nations System Coordinator for Avian Flu and Human Influenza, and other United Nations entities, intergovernmental and non-governmental organizations, rapidly organized to identify and monitor risks and spread of the disease, as well as to support various control measures. The pandemic demonstrated the effectiveness of international solidarity and of the International Health Regulations (2005)[3] led by WHO. From 1 April 2009 to 28 February 2010, WHO recorded 240 pandemic influenza-related events. The International Health Regulations system worked well resulting in timely reporting by States parties to WHO, leading to the rapid characterization and monitoring of the risks and spread of the pandemic. This has provided important lessons for the future and reinforced the Regulations as the basis for action in the face of any future global public health outbreaks.

50. In the context of the pandemic, FAO has been instrumental in the elaboration of a strategic framework for reducing risks at the Animal-Human-Ecosystems Interface, working with WHO, UNICEF, the World Bank and the World Organization for Animal Health (OIE). Under the One Health Initiative, FAO synergizes with WHO and OIE to implement related strategies. IOM, in partnership with others, has implemented migrant-sensitive strategies to reduce risk and the spread of influenza-like illnesses.

51. Essential for the future are States reaching agreement on sharing samples of viral and other materials and data on outbreaks, in line with the International Health Regulations (2005); establishing coordinated long-term financing mechanisms for supporting poorer countries; and ensuring that WHO and United Nations partners have the resources they need, on a timely basis, to fulfil their obligations under the Regulations.

52. The ministerial declaration recognized the need for an appropriate framework to deal with the sharing of H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to affordable diagnostics and treatments, including vaccines. Progress has been made in negotiations surrounding this effort.[4] Over the course of the past two years, the WHO Director-General convened intergovernmental meetings that drafted and negotiated a Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits. That effort has reached consensus on

[3] *International Health Regulations (2005)*, 2nd ed. (Geneva, WHO, 2008).

[4] See World Health Assembly documents A/60/28 and A/63/4.

certain principles, notably the commitment by Member States to share, on an equal footing, influenza viruses with pandemic potential and benefits, considering these as equally important parts of the collective action for global public health. Additional work is required to fully complete agreement on the entire framework. In support of this effort, the World Intellectual Property Organization (WIPO) has contributed its expertise on intellectual property.

53. Partnerships have extended into other arenas in support of the health Millennium Development Goals. The World Health Assembly endorsed a Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. To that end, WHO and WIPO have worked effectively together to identify and provide support to countries. Following a meeting of the Directors-General of WHO, WIPO and the World Trade Organization in 2009, an exchange of letters was agreed concerning cooperation for the Global Strategy. The three secretariats have established an informal workplan and are meeting regularly with a view to pooling resources and efforts in that direction. The cooperation and the dialogue among WHO, WIPO, the World Trade Organization and the United Nations Conference on Trade and Development, and also with non-United Nations actors are essential to ensure better access to medicines and improved public health.

54. A series of initiatives are advancing partnerships to support the increased availability of medicines in developing countries. These include the WHO Special Programme for Research and Training in Tropical Diseases, the African Network for Drugs and Diagnostics Innovation, the African Union Pharmaceutical Manufacturing Plan for Africa, and the development of the proposed Medicines Patent Pool Initiative launched by UNITAID aimed at establishing a voluntary patent pool for medicines, with an initial focus on increasing access to newer antiretroviral medicines and encouraging the development of new formulations.

55. In following up to the final report of the Commission on Social Determinants of Health,[5] WHO and the Government of Brazil are planning an international conference to be held in October 2011. This effort builds upon work that aims to improve living conditions, tackle the inequitable distribution of resources, measure their impact, and underpins much of the joint the United Nations work to support health outcomes. The work of UNESCO on bioethics, particularly in its social responsibility and health components, also contributes to advancing the work on the social determinants of health.

56. In addressing the urgent need to increase populations' access to clean water, WHO and UNICEF coordinate action through their Joint Monitoring Programme for Water Supply and Sanitation team. The Programme is further expanding its role in refining key indicators in tracking water improvements. In support, WHO has led the implementation of the Global Annual Assessment on Sanitation and Drinking-Water on behalf of UN-Water, with the first full report published in March 2010. In the African region, the Global Annual Assessment has benefited from momentum working in close partnership with the World Bank and its Country Status Overviews. At the country level several UN-Water partners have also been engaged in compiling information for the Assessment.

57. Various regional efforts are under way to address environmental health and related water and sanitation issues. For example, the next ministerial conference

[5] See World Health Assembly document A/62/14.

under the Environment for Europe process will focus on the sustainable management of water and water-related ecosystems. The Environment for Europe process is a successful example of joint United Nations system processes allowing active participation across the United Nations system and by other international organizations, but also by many non-governmental organizations working in the region.

58. The enhanced attention to nutrition has enabled collaborations to deepen. The United Nations Standing Committee on Nutrition, a collaborative platform of United Nations system agencies and non-governmental organizations hosted by WHO, has been revitalized to identify joint work. WFP works closely with partner agencies to implement its new Nutrition Improvement Approach. This includes UNICEF, WHO and UNHCR. WHO continuously adjusts nutrition standards for people receiving antiretroviral treatment and now for TB, in collaboration with WFP and other partners.

59. IOM is working closely with a number of partners within the United Nations system, especially WHO, UNFPA, UNAIDS, the United Nations Office on Drugs and Crime and ILO, to address health issues of migrants. Specific initiatives in 2009 have included documentation on caring for trafficked persons and reducing new cases of HIV among seafarers through a Global Partnership on HIV and Mobile Workers in the Maritime Sector.[6] WFP and UNAIDS are supporting the Northstar Alliance, which provides health and road safety services to transport workers, focusing on HIV/AIDS. In March 2010, WHO, IOM and the Government of Spain organized a Global Consultation on Migrant Health, leading to the development of an operational framework to promote migrant health.

60. The UNESCO-led partnership to develop the International Technical Guidance on Sexuality Education brought together the technical leadership from UNAIDS, UNICEF, UNFPA and WHO in a sustained and productive process. It has resulted in a high-quality technical publication, which sets new international benchmarks for standards in sexuality education and is aimed at education and health sector decision makers and professionals.

61. Similarly, the Focusing Resources on Effective School Health Partnership has contributed to the development of common standards for monitoring and evaluating school health and nutrition programmes enabling better evidence-based programming by improving planners' ability to compare different interventions and their impact. In turn, it is hoped that Governments will adopt and support interventions which will contribute towards reaching their Education for All objectives.

IV. Analysis of United Nations country-level experiences

62. The work of the United Nations system agencies at the country level is centred on the United Nations country teams and actions of agencies to promote health, in partnership with a wide range of actors. Challenges exist, but so do opportunities for a more comprehensive and well-coordinated response in support of national efforts.

[6] An initiative among seven organizations and global networks: IOM, ILO, UNAIDS, the International Transport Workers' Federation, the International Committee On Seafarers' Welfare, the International Maritime Health Association and the International Shipping Federation.

Examples of how the United Nations has strengthened and scaled up existing activities in support of national efforts are provided below.

63. National processes, priorities and plans increasingly form the basis of United Nations country teams programming. United Nations country teams are increasingly aligning the common country assessments and United Nations Development Assistance Frameworks with national processes. This catalyses harmonization among the various United Nations system agencies and funding streams as well (such as United Nations multi-donor trust funds). In practice, increasing alignment and harmonization at the country level has resulted in a shift from project-based approaches towards joint support for country-owned programmes and a corresponding focus on strengthening national systems. In terms of modalities, it has involved pooled-funding arrangements (e.g., UNFPA, UNICEF and WHO jointly contributing to the health-sector pooled fund in the United Republic of Tanzania); sector budget support, harmonized technical assistance and joint missions. In particular, it has also involved specifically joint United Nations programming, notably in the context of initiatives such as H4, the International Health Partnership, Harmonization for Health in Africa and the Social Protection Floor.

64. United Nations system agency interventions at the country level seek to ensure well-functioning and equitable health systems, critical to the success of achieving health targets. The exact configuration of services will depend on the country context, but will in all cases require adequate financing with pooling of risk; a well-trained and adequately remunerated workforce; information on which to base policy and management decisions; logistics that deliver medicines and vaccines to where they are needed; well-maintained facilities organized as part of a referral network; and leadership that provides clear direction and harnesses the energies of all stakeholders, including communities.

65. Addressing aspects of equity while promoting the role of young, poor and vulnerable populations within existing activities and strategies and at the same time ensuring that communities are fully engaged in their own health care is critical in bridging the substantial blockages between the supply side and the demand side. The issue of fragile States and post-conflict countries and their specific needs requires better positioning within the global health agenda.

66. The H4 United Nations system agencies are prioritizing action in 25 priority countries with the highest burden of maternal and newborn deaths, with further targeting of 6 countries that account for 50 per cent of maternal deaths (Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, India and Nigeria). Baseline assessment and mapping of ongoing H4 activities in all 25 countries have been documented and further discussions held with the 6 high-priority countries on the development and/or operationalization of existing national strategic plans and technical support needs to facilitate the scale up of maternal and newborn health interventions to achieve Millennium Development Goal 5. An operational plan has been developed and joint missions organized in the Democratic Republic of the Congo, Ethiopia and Nigeria, working closely within the International Health Partnership+/Harmonization for Health in Africa framework. Similar joint missions are being planned for Afghanistan, Bangladesh and India.

67. Additional efforts are under way, such as a UNFPA-Averting Maternal Death and Disability-WHO programme to support countries in improving emergency

obstetric and newborn care and identifying needs assessments in Benin, Ghana and Malaysia for anglophone and francophone Africa and Asia-Pacific countries, respectively, in 2009. Additionally, 12 countries that have been receiving support from an earlier stage are now at various stages of implementation. Early implementers such as Ethiopia have used the outcome of the needs assessments to inform the development of their national strategic plans for maternal and newborn health.

68. The WHO, UNICEF and UNFPA Joint Statement on Home Visits for the Newborn Child was launched during the 2009 high-level segment of the Economic and Social Council. The launch has been followed by the development of the relevant tools to support implementation in countries and regional training-of-trainer workshops. Training of community health workers in countries is ongoing as part of the roll-out of the community newborn care programme. Early implementers include Malawi, Uganda, Zambia and Zimbabwe.

69. Governments and employers' and workers' organizations worldwide are taking far-reaching steps to realize decent work and make maternity protection, social health protection, and decent work for health workers a reality. Supported by ILO and others, a number of countries (including Cambodia, India, Jordan, Mozambique, Peru, the United Republic of Tanzania and Uruguay) are implementing measures to raise awareness and build capacity on maternity protection.

70. United Nations-wide collaboration concerning climate change and health is reflected in a number of activities at the country level. WHO executes over 20 country-level projects on health adaptation to climate change in developing countries, mostly in coordination with other United Nations system agencies (e.g. UNDP, FAO). In particular, WHO leads health actions on behalf of the United Nations country teams, in three Millennium Development Goal Fund climate change adaptation projects; and has just launched a joint WHO-UNDP project funded by the Global Environment Facility in seven countries across six different regions of the world.

71. In the field of nutrition, Renewed Efforts Against Child Hunger (REACH) is a partnership led by WFP, FAO, UNICEF and WHO to accelerate progress towards Millennium Development Goal 1 in countries of the highest burden and prevalence of undernutrition. The goal of REACH is a documented reduction, by 2015, in the proportion of underweight children globally, in line with Millennium Development Goal 1. In late 2008, the four heads of these agencies signed a joint letter to all offices worldwide, confirming their commitment to this broad partnership and promising full support for coordinated efforts to make a durable impact on child undernutrition.

72. Abundant work is taking place within countries to address HIV/AIDS. From a multisectoral perspective, public and private partnerships are active in mobilizing civil society organizations to raise HIV awareness and promoted employment skills for people living with HIV, such as in China and Nepal. Sierra Leone developed an integrated programme to increase awareness and access through the workplace to services on the prevention of mother-to-child transmission of HIV/AIDS, reducing food insecurity, improving access to basic social services, and strengthening local governance and human rights.

73. In countries with significant coverage of treatment for HIV and TB, referral to nutritional support is usually made through the health sector. Operationally, interventions are carried out under the umbrella of or outside the health sector. Coordinated advocacy and consultation on issues around HIV, food and nutrition create common understanding of linkages and priority actions. The engagement of WFP in innovative initiatives such as food fortification (the United Republic of Tanzania), and the introduction of voucher systems to provide social (food security) assistance to clients in health programmes (Mozambique, Zambia), is an important avenue to introduce new perspectives. HIV, food and nutrition considerations are increasingly reflected in poverty reduction strategies and national food security and nutrition strategies, including in East and Southern African countries.

74. Similarly, scaling up and improving existing nutrition interventions are essential to reach Millennium Development Goal 1 and to break the intergenerational cycle of undernutrition. United Nations partners need to make a better case for the cost-effectiveness of preventive approaches to address chronic hunger. Through the One United Nations Fund, funds have been made available for food and nutrition interventions for the coordinated response and liaison with Governments in Mozambique, Rwanda and the United Republic of Tanzania. Other non-United Nations Reform pilot countries (Kenya, Lesotho, Madagascar, Malawi, Swaziland, Uganda and Zambia) are increasingly engaging in joint programme initiatives. Lessons learned need to be captured reflecting national implementers' realities in terms of mandates, costs, institutional and human resource requirements, and other such determining factors with a view to advocating national ownership, replicability and scalability.

75. Special attention has been given to countries suffering from natural disasters or those with complex emergencies. Large-scale relief efforts, organized by the United Nations and its humanitarian partners, have taken place in Chile, China, Haiti, the Philippines, and West and Southern Africa. Emergency operations have included health response and rebuilding in Afghanistan, Eritrea, Iraq, Somalia, Darfur (Sudan), Gaza and the West Bank. Kosovo has demonstrated the utility of joint United Nations efforts with UNDP/United Nations Volunteers, UNFPA, WHO, the Office of the United Nations High Commissioner for Human Rights and UNICEF providing support to local authorities, civil society and local communities in using a bottom-up and rights-based approach to restore basic services, rebuild local economies and increase social cohesion and stability.

V. Conclusions and recommendations

76. The United Nations and the international community have contributed to supporting countries in the implementation of comprehensive programmes addressing global public health. Efforts are under way to implement many of the recommendations of the 2009 ministerial declaration across a wide spectrum of health and broader development areas. There is a strong need to maintain the momentum and ensure that global public health remains high on the international agenda. The health-related Millennium Development Goals require a substantial scale-up of efforts and resources.

77. Strengthening and sustaining health requires a "continuum of care" and a "life-cycle approach", providing social protection and health coverage in an effective and

affordable way, integrated into an essential primary health-care package. This package, which would include maternal, newborn, and child health, sexual and reproductive health, HIV, malaria and tuberculosis, should be costed and budgeted, and delivered by the health system. Integrating approaches to health-service delivery, including financial protection, and strengthening linkages, as outlined in the CEB approach, are critical for improving health outcomes. One should not overlook the global shortage of human resources for health and the need to retain, train and manage the migration of health workers. Underlying success to date is the ability of countries to:

(a) Advance and escalate the harmonization and alignment agenda in support of national processes, building on the positive experiences that have resulted in stronger national ownership, robust national health plans and strategies, transparent budgetary processes, innovative financing and enhanced implementation, complemented by supportive global programmes;

(b) Support accountability mechanisms between developed and developing countries (as agreed in the Monterrey Consensus and the Accra Agenda for Action), and between Governments and their citizens, to ensure that Millennium Development Goals commitments are honoured;

(c) Create further opportunities to enhance the role, engagement and creative partnering with civil society, including community leaders, and the private sector to strengthen health systems, in all spheres. This will facilitate a more inclusive approach for scaling-up and harmonizing efforts in the delivery of universal access and better health outcomes;

(d) Look at the Millennium Development Goals through a gender lens as women and girls typically face the greatest burdens of extreme poverty, hunger and disease. Concretely address the crucial role of gender equality and equitable access to health services for the poor and marginalized. This includes scaling-up efforts in support of social protection mechanisms and strategies that protect a minimum level of access to essential services and income security for all, including vulnerable migrants;

(e) Intensify efforts to strengthen governance, stewardship and mutual accountability anchored in a multisectoral approach and community-based involvement;

(f) Invest in developing comprehensive human resource strategies in order to ensure the availability of an adequate, skilled and motivated health workforce. These should include strategies for recruitment, deployment and retention in the public sector;

(g) Generate reliable data on indicators, particularly at the subnational level to support evidence-based policymaking.

Next steps to promote the coordinated implementation of the ministerial declaration and to advance the health-related Millennium Development Goals

78. The MDG Review Summit in September 2010 presents a critical opportunity to agree on an action plan that builds on the 2009 ministerial declaration. Taking forward the declaration requires attention to strengthening health systems, multisectoral action, and disease-specific programmes. In considering Millennium

Development Goal 1, the Summit should pay specific attention to nutrition as a means to bring together public health, food security and social protection within a rights-based approach, thereby accelerating progress towards the achievement of all Goals.

79. The development of comprehensive national health policies and strategies by Governments based on this framework is the key to progress. Such plans, developed with the assistance of WHO and United Nations system agencies, empower the international community to move forward in a coordinated way. They can help to further delineate the contributions of individual United Nations bodies, through the United Nations country team, to support Governments in implementing programmes and building institutional capacity complemented by adequate infrastructure and appropriate systems to ensure the timely and effective transfer of knowledge, management of medical supplies and the effective use of technology.

80. The United Nations system should employ a multisectoral approach when supporting countries in their efforts to integrate health into national sectoral strategies (agriculture, environment, transport, trade, taxation, education, social planning and development, urban planning, mass media, food and pharmaceutical production). Prevention and control of non-communicable diseases and injuries can be achieved through low-cost, cost-effective approaches and should also be mainstreamed into primary health care.

81. Strategic multisectoral action and the promotion of governance and leadership are key elements for strengthening systems for health. The United Nations has a particularly important role to play in supporting these efforts at the country level. Success is highly dependent on the quality of national leadership, which should ideally encompass technical expertise, political skills and high ethical standards. Emerging health challenges such as influenza A (H1N1) require coordinated communications and health information management systems that many developing countries do not have. The United Nations should step up its efforts to organize training and emergency preparedness of these countries. The United Nations system should support a set of multisectoral actions including:

(a) Additional and sustained public investment to strengthen infrastructure, human resources, supplies, service delivery and health information systems, especially at the primary health-care level;

(b) Moving towards universal health-care coverage based on equitable and sustainable systems of financing, extended social protection, ensuring financial protection of the poor and excluded, and adequate attention to preventive and promotive health services;

(c) Fiscal and administrative devolution as an important strategy for improving governance, performance and accountability in the health sector;

(d) Decent work for health workers that is essential to improve the quality of and access to health services.

82. The context of the economic and financial crisis requires a focus on gender equality goals to be at the centre of responding to global health goals. The paucity of resources at this stage demands an emphasis on the quality of their use. Specifically, structural drivers that increase women's vulnerability of contracting HIV will be exacerbated under the current financial climate and thus strategies

should be adapted accordingly. Additional efforts are also necessary, including with regard to intellectual property rights, to promote greater access to affordable medicines by all those in need.

83. The community of donors must deliver on its existing promises of greatly expanded official development assistance, while enhancing aid effectiveness and eliminating onerous conditionalities. This ensures global solidarity and is a sine qua non for Millennium Development Goal success in the low-income countries. Development partners need to fulfil their existing commitments to health, including those made at Monterrey and Gleneagles, while countries need to ensure that sufficient and increasing domestic resources are programmed to the health sector to deliver better health outcomes.

84. In the past few months, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance have embarked on replenishments to ensure they can maintain their level of support to build better health systems; there have been calls for new financing of the Group of Eight 2009 L'Aquila Food Security Initiative and for a multi-donor trust fund that could support millions of farm families seeking to enhance food productivity; for the Framework Convention climate change mitigation and adaptation funds and others. These opportunities must be acted upon quickly to ensure that long-standing international commitments are kept.

85. Reinforcing innovative financing models in health can increase financial flows and their predictability. Several programmes, schemes and models include UNITAID, the Millennium Foundation, the International Finance Facility for Immunization, and the advance market commitments. New and promising opportunities should be urgently considered for scale-up. Private philanthropy for the Millennium Development Goals has also grown considerably in recent years and has proven effective in mobilizing support from individuals and supplementing available financing to achieve the Goals.

86. Efforts to improve maternal health outcomes and to combat HIV, TB and malaria need to be sustained. The move towards more general strengthening of health systems usefully complements the work around single diseases. It is important that the gender dimension remains a focus of a comprehensive approach. Given that women already account for half of all people living with HIV worldwide, programmes must be grounded in a commitment to the protection of the rights of girls and women as documented in various human rights treaties, especially the Convention on the Elimination of All Forms of Discrimination against Women and in the Beijing[7] and Cairo[8] outcome documents.

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[7] Fourth World Conference on Women: Action for Equality, Development and Peace.

[8] International Conference on Population and Development.